STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH JO should County Registration Dist. No. item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_\_ds. 2. FULL NAME RECORD. (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE\_MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) nane BINDING (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Montks if LESS than I day.....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION RESERVED SAWYER, BODKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.\_\_\_\_ may back 10 Date deceased last worked al 11. Total time (years) this occupation (month and spent in this that occupation C 12. BIRTHPLACE (city or town) (State or country) HER 13. NAME FAT See 14. BIRTHPLACE (city or town) Name of operation .... in plain (State or country) carefully What test confirmed diagnosis? \_\_\_\_\_\_ Wes there an au'opsy? \_\_\_\_\_\_ MOTHER 15. MAIDEN NAME 23. if death was due to external causes (VIOLENCE) fill in also the following: OF DEATH 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19. (State or country) Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, PREMATION. Manner of injury CAUSE mation TION Nature of injury. 19. UNDERTAKER (Address) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid-conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example I	[1	Example II	- 18
of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset  1 week ago
		1915	Attack of epilepsy	
Chronic interstitial nephritis	WA + WATER	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
1 8	LIVAU			100
Other contributory causes	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

should state OCCUPA

PHYSICIANS

jo

Exact statement

certificate. properly

may

in plain terms, so that

See instructions on back

TION is very important.

CAUSE OF DEATH

-WRITE PLAINLY

V. S. No. 1

OCCUPATION

MOTHER FATHER

17. INFORMANT \_. (Address)

19. UNDERTAKER

(Address)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMDVAL

Laure

Howard Co Dete / May 13 , 1934

STATE OF MARYLAND—  1. PLACE OF DEATH  County Howard Co.	CERTIFICATE OF DEATH U5068
Village or City Near 1-auro	Registration Dist. No
2. FULL NAME	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Married HUSBAND of	21. DATE OF DEATH    O
6. DATE OF BIRTH (month, day, and year)  7. AGE Years (?) Months Deys If LESS then I day,hrs. ormin.	22. I HEREBY CERTIFY, That I ettended decessed from  1954  I last saw h LT alive on
8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BDOKKEPER, etc  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  1D. Date decessed last worked et this occupation (month and year) occupation.	Drycerilis Hypermin
12. BIRTHPLACE (city or town) Howard Co. 1Vd.  (Stete or country)  13. NAME GEORGE Bratlay	Dther Contributory Causes of importance:  Class of all affiliation of the contribution
14. BIRTHPLACE (city or town) Longer (Stete or country)	Name of operation Dete of Was there en eutopsy? Also
15. MAIDEN NAME LUCY HOWBINS	23. If deeth was due to external causes (VIOL ENCE) fill in else the following:

Accident, suicide, or homicide?

Where did injury occur?\_\_\_\_ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

Reistrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE :	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05069
1. PLACE_OF DEATH	<u>(157-ā)</u>
County Howard,	A. Begistration Dist. No. /9/
Village or City Ellieath Cili-	No. Mary IX. St. Ward
7 0 (1	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Travers Clibert	Calle
(a) Residence: No. Main St.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR NACE S. SINGLE MARRIED, WIDOWED OR DIVORCEM Carries the world)	21. DATE OF DEATH May 2-9, 193 (Year)
5d. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22.   HEREBY CERTIFY, That i ettended deceased from
1. 14 11 11 3	1933, 10 May 29, 1984
7. AGE Years Months Days If LESS than	I last saw h 124 alive on 1934; death is said
H G 13 1 day,hrs.	to have occurred on the date stated above, at 4.700 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade explanion or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	of the sould be a second
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and	Hywrocephallis 9-16-33
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate deceased last worked at this occupation (month and spent in this	
year) occupetion	
12. BIRTHPLACE (city or town) Clucal Cul-	Other Coutributory Causes of Importance:
(State or country) Mary Lack	
13. NAME Howard B Carter	
13. NAME HOWALD Carles  14. BIRTHPLACE (city or town) Alexanderia	Name of operation Panistony Date of Feb 1934
(State or country) Virguipie	What test confirmed diagnosis? Physical plan. Was there an autopsy? 20
15. MAIDEN TAME orence a. Stautter	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Statute	Accident, suicide, or homicide? Date of injury, 19
State or country) Mary land	Where did injury occur?
17. INFORMANT 24. B. Carter	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Ellie all Cel	
18. BURIAL, CREMATION OF REMOVAL	Manner of injury
Place Place Place Pully 30, 19.39	Nature of injury
19. UNDERTAKER Gaston House (Address) & Elicat Cili	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED May 30 19 3 4 W 18 Fiscell	(Signed) Whan Herber M.O.
Registrar.	(Address) Pellicory City ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUN 5 TEST	1.5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

SIAILU	F MARTLAND-	CERTIFICATE OF DEATH	2010
1. PLACE OF DEATH		93-6	
County Noward		Registration Dist. No.	11
Village or City Albuton  Langth of residence in city or town where de		NoSt.,StStStStStStStStStStStStStStStSt	
2. FULL NAME Mahley (a) Residence: No. Alltr	Ennis Tow mid- (Usual place of abode)	St., Ward.  If nonresident give city or town as	
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	ind Drate
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 25	, 193 <b>4</b>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Noah Euco  6. DATE OF BIRTH (month, day, end year)  7. AGE Years   Months	Le. 8. 1863	22. I HEREBY CERTIFY. That I ettende may 19 34, to may 23  I lest saw her alive on may 24 19.34  to have occurred on the data stated abova, at 4A m.	
70 5	/ 7   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	at Name	Bronchs Preumonia	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (yaars) spent In this occupation	Other Contributory Causea of Importance:	
12. BIRTHPLACE (city or town)  (State or country)	isquia .	Chronic Myocardets	
13. NAME aletander	Willey.	1	
13. NAME Clifander  14. BIRTHPLACE (city or town) (State or country)	ta 1	Nama of operation Dete of What test confirmed diegnosis? Was there an	-
15. MAIDEN NAME Aberillar  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT LARGE ELEMANTS (Addrass)	Thorp.	23. If death was dua to externel causes (VIOLENCE) fill in also tha following Accident, suicide, or homicide? Date of Injury Whera did Injury occur? (Specify city or town, county and St Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ng: , 19
18. BURIAL, CREMATION, OR REMOVAL Place Good Shupperd  19. UNDERTAKER T.C. His in (Address)	Date 5-26, 1924	Mannar of Injury	M
20. FILED May 25, 193 4 WT	V Firsell Registrat.	(Signed) (Aphan Jewan)  (Address) Selves Weller	md M. I

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	72	Other contributory causes of importance;	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

1. PLACE OF DEATH		(08)	31
County Howard	• • • • • • • • • • • • • • • • • • • •	Registration Dist. No.	[
Village or City Collection		No. St.,	War
Length of residenca in city or town where deatl		sds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Words	Responder Em	440	
(a) Residence: No. alberton	J med.	St., Ward.	
	(Usual place of abode)	If nonresident give city or town as	nd State
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	4
m	married.	(Month) (Day)	(Year)
ia. If married, widowed, or divorced HUSBAND of			(1127)
(or) WIFE of makley en	nes	22. I HEREBY CERTIFY, That I attende	d deceased fr
5. DATE OF BIRTH (month, day, and year)	1,1861	I last saw h Amalive on The 23 1936	4
AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 2 P.m.	7_; death is s
73 4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated causes of Importance	
8 Trade profession or particular	2 P   ormin.	were as follows:	Date of one
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.	none	I bay Frum	5-19-
kind of work dona as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  1D. Date deceased last worked et			
this occupation (month and	11. Total time (years) spent in this		
year)	occupation	Dther Contributary Causes of Importance:	
2. BIRTHPLACE (city or town)	wal		
(State or country)	•		
13. NAME Thomas Cu	uis		
14. BIRTHPLACE (city or town)		Neme of operation Dete of	1
(State of country)	ma	Whet test confirmed diagnosis?	autopsy 22
15. MAIDEN NAME ducy R	avdall	23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
15. MAIDEN NAME Lucy Randall  16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19
(Stete or country)	ma	Whera did injury occur?	
7. INFORMANT Maso Netter al (Addrass) alberts	Poole w. med.	(Specify city or town, county and St Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC P	LACE.
8. BURIAL, CREMATION, DR REMOVAL	1- /	, Mannar of Injury	
Place Good Shepcherel	Pate 0 - 26 , 1934	Nature of injury	
19. UNDERTAKER 7. C. I Sig who	thans I,	24. Was disease or injury in any way related to occupation of deceased?	m
(Addrass) Seewalt Co	ty the	If so, specify	,

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		L	

STATE OF	F MARYLAND-	-CERTIFICATE	OF DEATH	05072
1. PLACE OF DEATH		131	1	95
County Noway	0		Registration Dist. No	1.
Village or City Savag	(	NoNo If death occurred in a hospital or institu	stion, give its NAME instead of street	and number)
Length of residence in city or town where de-	ath occurredyrsmo	sds. How long In U.S. If o	f foreign birth?yrs	mos
2. FULL NAME LEO.	J. Graffor			
(a) Residence: No.	(Usual place of appde)	St., Ward.	If nonresident give city or town	10.
PERSONAL AND STATISTIC		MEDICAL C	ERTIFICATE OF DEAT	
	or Divorced (april the word)	21. DATE OF DEATH.	luay 2/2	, 193. +
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Wus. Arma	Righton	22. A I HEREBY	(Month) (Day)	(Year)
The plant of the p	1901	Jan. 12	, 1934, to Way	21 = 1934
6. OATE OF BIRTH (month, day, end year)	0.107,1076	I last saw h alive on	May 2 193	4; death is se
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stete The PRINCIPAL CAUSE OF OFAT	ed above, atm.  TH and related causes of Importance -	
8 Trade, profession, or particular	ormin.	were as follows:	my Thrombose	2 Date of on
8 Trade, profession, or particular kind of work done, as SPINNER, ACSAWYER, BOOKKEEPER, etc.	alines			5/21/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	the.			
10. Date deceased last worked at this occupation (month and year)	11. Total tima (years) spent in this occupation			
12. BIRTHPLACE (city or town)		Other Contributory Causes of Impo	ortance its -	1433
(State or country)		Chy. Keybri	tis_	193
Ī.	. W			
14. BIRTHPLACE (city or town)(Stete or country)		What test confirmed diagnosis?	Data Was thera	ofU
# 15. MAIDEN NAME Susan	ma Fishfaw		ises (VIOLENCE) fill in also the follo	
16. BIRTHPLACE (city or town)  (State or country)	uh:	Accident, suicide, or homicida?	Date of injury	
17. INFORMANT Wy. Assure (Address)	Grafter and	Where did injury occur? Specify whether injury occurred in	(Specify city or town, county and 1 INDUSTRY, in HOME, or in PUBLIC	State) C PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Warren, Falls G.	Date 5 123 13 14	Manner of injury		
19. UNDERTAKER DEWITT DO	raldson	24. Was disease or injury in any w	ay related to occupation of deceased	, llv.
20. FILED 5 122 12419 Than	hst pley	(Signed) (Address)	auh Shifle	4 / 1
If more blo		, 2411 N. Charles Street, Baltimore, Re	conesting T) S. No.	1.44

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. RGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(102 )
County Howard	Registration Dist. Np. 190
Village or City Elkrade	
(If	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredmos.	ds. How love in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Elizaboth Freil	le Kollins Howard
(a) Residence: No. 51 Sto bloom	ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWSD, OR DIVERCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced	(Joint) (Day) (Tear)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
4	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 40ch 17-1934	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, atm.
l 16 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Broncho kneumonia 3 day
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	(History)
Kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and	no physician is attentiones
SAW MILL, BANK, etc	Coronos case.
this occupation (month and year) spent in this occupation	
COL 1	Other Contributory Causes of importance:
12. BtRTHPLACE (city or town)	mpenown
(State or country) forward Est ford,	
13. NAME Marshall Rolling  14. BIRTHPLACE (city or town). Elferidge Wod.	
Z 14. BIRTHPLACE (city or town) Elfridge Wo	Name of operation Dato of
(State of Country)	What test confirmed diagnosis? Was thera an au'opsy?
15. MAIDEN NAME Click Howard  16. BIRTHPLACE (city or town) Elfande 2nd	23. If death was due to axternal causes (VIOLENCE) fill in also tha following:
5 16. BIRTHPLACE (city or town) & Phidae and	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Click Howard (Mother	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
(Address) Eclarica wd	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
of shortes from carry Date 5-4- 1934	Nature of Injury
19. UNDERTAKER None Cemployed, (Address)	24. Was disease or injury In any way related to occupation of deceased?
(Audiess)	If so, specify Alle (Active Comment)
20. FILED Man 2, 19 Miss & Berd Mil	(Signed) fluor of out (167 mg (177 m) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
La caracteristica de la caract			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
For name of child me letter under D. I'm Trench 6/6/34

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 05074
1. PLACE OF DEATH	ma
County Noward	Registration Dist. No. 170
	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
111 - 1 200 11	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME CHUROLO MI- HO	imphrile
(a) Residence: No. Colored Superior (a) Residence: No. Colored Sup	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (sprite the word)  5e. H. married, widowed, or divorced HUSBAND of	21. DATE OF DEATH (Month) (Day) (Year)
(or) WIFE of John Humphries	22. I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, end year)	2 ~ / -
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a BAL-m.
84 10 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Myocordial
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Date deceased last worked et this recrustion (months and	Aufficiency 1930
ID. Date deceased last worked et this occupation (month and year)	Termod 575/
12. BIRTHPLACE (city or town)	Dither Contributory Causes of importance:
13. NAME Edward Young  14. BIRTHPLACE (city or town)	The second of th
14, BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diegnosis? Heart Harry Was there an au'opsy?
15. MAIDEN NAME Click Lewis	What test confirmed diegnosis?
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT MES Elizabeth Clark (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL DISCOURSE 5/12, 1935	Manner of injury
19. UNDERTAKER WELL COOK (Address) 217 - 217	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED May 9, 19 3 4 Miss & Kind W.s. Registrar.	(Signed) All All All All All All All All All Al
If more blanks are needed, address State Remotivas	Aura N. Charles Street Baltimore Parasta (71 C. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I	1 7	Example II	
The principal cause of deaf	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	9 113	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1016	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Reference .	July 5,1927	Perilonitis	3 days ago
Other contributory causes of	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

Or-	ate	·V	
inf	st	UN	
Jo 1	Pln	000	
item	sho	Jo	
iry	Z	nt	
Eve	CIA	eme	
ZD.	YSI	stat	1
COI	PH	ct	
RE		Exa	
LN	LY	d.	
NE	CT	ifie	
MA	XA	lass	
PER	田	ly c	te.
A	ted	per	ifica
IS	sta	pro	cert
HIS	pe	be	Jo
T	pln	nay	ack
NK	sho	it r	n b
G I	GE	hat	ns (
NIC	V	so t	ctio
FAI	ied.	ns,	stru
ND	lddn	teri	in e
H	y S	ain	Se
WID	llnje	n p	nt.
,Y,	care	H	orta
N	pe	EAT	imp
LA	plu	D E	ery
E F	sho	10	SVE
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
-W	mat	CAI	TIO
B.		1-	T
ż		/	-

1. PLACE OF	SIAIL	JE MARYLAND-	CERTIFICATE OF DEATH	0007
County	Worker		Registration Dist. No.	100
Village or Ci			NoS f death occurred in a hospital or institution, give its NAME instead of stree	
Length of resid	dence in city or town where	death occurredyrsmos	sds. How long in U.S. If of foreign blrth?yrs,	ds
2. FULL NAM (a) Residence	ce: No.	(Usual place of abode)	St., Ward.  If nonresident give city or tow	vn and State
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	гн
Fimale	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (corrie the word)	21. DATE OF DEATH  John Day)	193_4f
5a. If married, widows HUSBAND of (or) WIFE of	ed, or divorced	ough Isaac	22. I HEREBY CERTIFY, That I att	andad dynased from
6. DATE OF BIRTH (	month, day, and year)	Days If LESS than	I last saw h en alive on Many 98 19	.3-4; death is sel
60 -6	1059 -1	25 or	to have occurred on the date stated above atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date,ot onset
8. Irade, profes kind of w SAWYER,	sion, or particular ork done, as SPINNER, BOOKKEEPER, etcbusiness in which			<i>Q</i> ->
SAW MILI	done, as SILK MILL, L, BANK, etc	11. Total tima (years)	one Colome.	
this occup year)	pation (month and	spant in this occupation	Other Contributory Causes of importance:	R. are
12. BIRTHPLACE (city		A.	-	
13. NAME	mm	<i></i>		
(State of	couptry)	2	Name of oparation Dat  What test confirmed diagnosis? Was the	ra an autopsy?
15. MAIDEN NAME	(city or town)	la constant de la con	23. If daath was dua to external causes (VIOL ENCE) fill in elso the fo	
(State or 17. INFORMANT (Address)	(COUNTRY)	mo.	Whera did injury occur?	nd State) IC PLACE.
18. BURIAL, CREMATI	away Cen	1 Date 46 /1 ,19.34	Manner of Injury	
19. UNDERTAKER	Thous 19. (	albrin 97	24. Was disease or injury in any way related to occupation of decease	d?
20. FILED MA	-130193.4M	Sel Vira Wil	(Signed) OS C Chuyun	M. I
	If more	blanks are needed, address State Registrar		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	100
County	Registration Dist. No. / 9
Village or City Savage	ND. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Vancy Lee Mun	ray
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5a. 11 married, wildowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decreased from
6. DATE OF BIRTH (month, day, and year) Law 27 1933	I last saw h. alive on Way 25th, 1934; death is said
7. AGE Years Months Days II LESS than	to have occurred on the date stated abova, at
1 3 2 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEPER, etc.	Stricks Menning 19
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Data deceased last worked at this occupation (month and	
1D. Data deceased last worked at this occupation (month and yaar)	
12 PURTURI ACT (situations)	Bther Contributory Causes of importance
12. BIRTHPLACE (city or town) (Stata or country)	17739
13. NAME Windy	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Eleanor Sherman	23. If death was due to external causes (VIDLENCE) fill in also the Jollowing:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT LLG. fr. Sherman Lud.	(Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Develope	Manner of injury
19. UNDERTAKER hoya Kaises (Address) Daniel. Ut-	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 5/26/34, 19 Frank Styley. Registrar.	(Signed) Chanhontley M. D. (Address) Starale W.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal eause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		(1303W	
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	2
County Sorvard	Registration Dist. No. 191
Village or City Elevent Peter me.	ND. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Suni Redmond:	3
(a) Residence: No. Eclipt City and (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (partie the word)	21. DATE OF DEATH 5 8 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) 7-6, 19N	I last saw h 2 - alive on 5 - 8 , 19 3 4; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 N. I.m.
19 2 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and a company).	( Jidhernay) Welleutosis 12-33
1D. Date deceased last worked at this occupation (month and 3 - 3 4 spent in this occupation occupation occupation	
12. BIRTHPLACE (city or town)  (State or country)  (State or country)	Dther Contributory Causes of importance:
13. NAME James Reducate,	
13. NAME James Reclinated,  14. BIRTHPLACE (city or town)  (State or country)  Mary Land,	Name of operation
15. MAIDEN NAME Eller Walker Tous	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Ella Walhington  16. BIRTHPLACE (city or town)  (State or country)  Mary Lawy,	Accident, suicide, or homicide?
17. INFORMANT Ella Segles.  (Address) 433 Care 57 Bullo Segles	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wishing Diar Date 5- 1134	Nature of Injury
19. UNDERTAKER Describer (Address) Englant C. J.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 9 1934 WH Fissell	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.,

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į.	Example II	
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephralis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
12			

pluods

item

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1931	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUDEAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05079
1. PLACE OF DEATH	<u></u>
County Howard	Registration Dist. No. 195
Village or City attaller	No. St., Ward
Length of residence in kity or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)  ds How long in U.S. if of foreign birth?
T. H. OW	10 in last the
2. FULL NAME / alherice // . X	active .
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sent 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVERCED Spring the word)	21. DATE OF DEATH May 22, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	
(or) WIFE of May Leonard Scalling	22. I HEREBY CERTIFY, That I ettended decessed from
6. DATE OF BIRTH (month, day, and searfull 20. 1865	I last saw h elive on 222 1934; death is said
7. AGE Years   Months Days   If LESS than	to have occurred on the date stated above, at 12 1600 N.
70 // 1 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc.	attente my reach to Date of one of man 22
SAWYER, BOOKKEEPER, etc. Home	lehann macarolites propring
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10: Dato deceased last worked et this organization (month and	"Genteta" Holitin 2001932
and occupation (month and	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State of country)	
1 1 8 1/ - 4 - 1/)	
E // /Coocoo	
(State or country)	Name of operation Date of
E 15, MALDER NAME OF PLANE	Whet test confirmed diagnosis?
15. MALICE NAME OF STATE OF ST	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country)	Where did injury occur?
herend Serbinia	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANTO: A COULTE CONTROL VIII	Specify material in industri, in nome, of introduct Teace.
18. BURIAL, CREMATION OR THOUSALLES COM MI	/ Manner of injury
Place It alls Clu Date May 27, 1934	Nature of injury
19, UNDERTAKER Exstor Sono	24. Wes disease or injury in any way releted to occupation of deceased?
(Addiess) Fliest City	If so, specify
20. FILED 5/24/34, 19 Thank Shipley Registrar.	(Signed) Lower S. M. D. (Address) Lawrel S. J.
	2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

re te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(131)
	County Howard	Registration Dist. N
item of should of OCC	Village or City Savage	No
		death occurred in a hospital or institution, give its NAME instead
CORD. Every PHYSICIANS oct statement	2. FULL NAME annie R. Wheel	les
D. F SIC	(a) Residence: No.	St Ward.
RECORD. PHYSI Exact stat	(Usual place of abode)	If nonresident give city
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF I
EX	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Way 5
NEN CTL ified.	5a. If married, widowed, or divorced HUSBAND of	
SS SS	(or) WIFE of W. Wheeles	22.   HEREBY CERTIFY, Tha
	6. DATE OF BIRTH (month, day, and year) Way 2 1 / 861	I las saw help alive on way 54
erly icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3a-m.
IS A PE stated E properly certificate	73 0 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of imp
00 00 00 00	8. Trade, profession, or particular / kind of work done, as SPINNER,	Chr. Myrcardite
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	M. Martines
VK—T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	The state of the s
A H m to	O 10. Date deceased last worked at this occupation (month and 1933   11. Total time (years) spent in this occupation occupation	,
NFADING oplied. AGF erms, so tha instructions	12. BIRTHPLACE (city or town)	Other Cantributary Comes of importance:
AD ed.	(State or country)	
UNFA supplied n terms, ee instri	13. NAME thos. Walson	
· · · ·	14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis?
WITH refully in pla	15. MAIDEN NAME Jane Sastru	23. If death was due to external causes (ViOLENCE) fill in also
INLY, WI be carefu EXTH in I	16. BIRTHPLACE (city or twn).	Accident, suicide, or homicide? Date of in
INLY, be can EXTH import	(State or country)	Where did injury occur? (Specify city or town, co
	17. INFORMANT M. W. Wheeler	Specify whether injury occurred in INDUSTRY, in HOME, or i
Should OF D	(Address)	
	Place Savage Cam. Date 417/34,19	Manner of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER Lough Kaiser	24. Was disease or Injury in any way related to occupation of
HOH	(Addrage) A	

05080

Tare	Registration Dist. No.
wage	No. St., Ward
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
n where deathloccurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
mue K. Wheel	les
	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (Year)
0 1	(nonin) (bay) (roat)
. Wheeles	22. I HEREBY CERTIFY, That I attended deceased from
MA - 7 ml / 9/1	1924, to than 5= 1934.
11) May 2= /861	I lat saw h la alive on Way 5 - , 19.3 4; death is said
Days If LESS than 1 day,	to have occurred on the date stated above, at
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
NER.	Chr. Myrearhitis.
ner, 27 w.	Chr. Meghinter with 1733(?)
ı.,	Hypertension
1	8
1933 11. Total time (years) 50	
occupation	Other Cantributary Causes of importance:
Mil.	Other Cantributary Causes of importance:  Lawrence: 41. 5/5/34
1	
Willens	
ud.	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
e Sastru	23. If death was due to external causes (ViOLENCE) fill in also the following:
144.	Accident, suicide, or homicide? Date of injury
	Where did injury occur?
n. Wheeler	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
vago. luk.	Specify mount injury cocords in important, in nome, or introductor texter.
0.00	Manner of injury
Date 417/34,19	
1 176:000	Nature of injury
a reaction	24. Was disease or injury in any way related to occupation of deceased?
0 00 : 11	If so, specify
hankon ley	(Signed) Warner M. D.
Regishar.	(Address) Davage Una
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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